FORM D

ORIGINA Mail Processing

Section

JUN 12 2006

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB	<b>APPROVAL</b>	
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366<u>302</u>

**OMB Number:** 3235-0076

Expires: June 30, 2008

Estimated average burden

hours per response ......16.00

SEC USE ONLY							
Prefix Serial							
DATE RECEIVED							
		1					

<u></u> PA						
Name of Offering " Defleck if the	nis is an amendment and name has changed, and indicate cha	ange.)				
Series A Preferred Stock-Financing						
Filing Under (Check box(es) that	apply): ☐ Rule 504 ☐ Rule 505 ☑ Rule 506 ☐ See	ction 4(6) ULOE				
Type of Filing: New Filing	☐ Amendment					
	A. BASIC IDENTIFICATION DATA	PROCESSED				
1. Enter the information requested a	bout the issuer	TROOLOOLD				
Name of Issuer ( check if this	is an amendment and name has changed, and indicate change	(e.) E JUN 1 6 2008				
Millmark Education Corporation		2 JON 1 0 2000				
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone THORISON REUTERS ode)				
7272 Wisconsin Avenue, Suite 30	00, Bethesda, MD 20814	(301) 941-1514 WISON REUTERS				
Address of Principal Business Op	perations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)				
(if different from Executive Office	ees)					
Brief Description of Business						
Provides education instructional mate	erials	116694 1444 1649 11444 6666 4744 1444 1444 1444 1444 144				
Type of Business Organization	"	1988W ODDI JARA KODO BARA MOD DIBIR HAN DIBI DES				
■ corporation	☐ limited partnership, already formed ☐ other (please :	specify): 08052424				
☐ business trust	☐ limited partnership, to be formed					
	Month Year					
Actual or Estimated Date of Inco	rporation or Organization: 1 2 0 5	■ Actual  □ Estimated				
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:						
	CN for Canada; FN for other foreign jurisdic					

### **GENERAL INSTRUCTIONS**

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers;
     and

<ul> <li>Each general and managing partner of</li> </ul>	partnership issuers.			
Check Box(es) that Apply:   ☑ Promoter	■ Beneficial Owner	■ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Markman, Ericka			·	
Business or Residence Address (Number and 7272 Wisconsin Avenue, Suite 300, Bethesd		ip Code)		-
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Millstein, James E.				
Business or Residence Address (Number and 17 Woodbine Avenue, Larchmont NY 10538		ip Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Ellis, III, E. Addison Buzz				
Business or Residence Address (Number and 6633 Highland Lakes Pl., Westerville, OH 43		ip Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Chappel, J. Randall				
Business or Residence Address (Number and NLM Capital Partners II, L.P., 125 East Joh			X 75062	
Check Box(es) that Apply: ☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) NLM Capital Partners II, L.P.				
Business or Residence Address (Number and 125 East John Carpenter Freeway, Suite 600		ip Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or  Managing Partner
Full Name (Last name first, if individual)	•		·	
Business or Residence Address (Number and	Street, City, State, Z	ip Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or  Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and	Street, City, State, Z	ip Code)		
(Use blank sheet		ditional copies of this	sheet, as necessar	y)

					B. IN	FORMA	ATION A	BOUT C	FFERIN	(G				
									·				Yes	No
1.	Has the is	ssuer sol					non-accr in 2, if fill			this offer	ring?			X
2.	What is t	he minin	num inve	stment th	at will be	accepted	d from any	y individu	ial?				\$Nor	<u>ne</u>
													<u>Yes</u>	<u>No</u>
3.	Does the	offering	permit jo	oint owne	rship of a	single u	nit?						×	
4.	commiss If a perso	ion or si n to be l list the r	milar remisted is a	nuneration n associat he broker	n for solic ted person or dealer	itation of or agent r. If more	f purchase t of a brok e than fiv	ers in con ker or dea e (5) pers	nection w ler registe ons to be	ith sales ered with listed are	of securit	or indirectly, any ies in the offering, and/or with a state ed persons of such	, !	
Full N N/A	lame (Lasi	name fi	rst, if ind	lividual)	•••									
Busin	ess or Res	idence A	ddress (1	Number a	nd Street	, City, Sta	ate, Zip C	ode)						
Name	of Associ	ated Bro	ker or De	ealer					*****					
States	in Which	Person l	Listed Ha	s Solicite	d or Inter	ids to So	licit Purch	nasers						
(Cł	eck "All S	States" o	r check it	ndividual	States)								J All S	States
[Al [IL] [M] [R]	[ [IL] [NE]	[AZ] [IA] [NV] [SD]	(AR) [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full N N/A	lame (Last	name fi	irst, if ind	lividual)										
	ess or Res	idence A	ddress (1	Number a	nd Street	City, Sta	ate, Zip C	ode)					<del></del>	
Name	of Associ	ated Bro	ker or De	ealer				··						
States	in Which	Person l	Listed Ha	s Solicite	d or Inter	nds to So	licit Purch	asers						
					•								J All S	States
[AL] [IL]		[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]		
[M]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full N N/A	lame (Last	name fi	rst, if ind	lividual)										
Busin	ess or Res	idence A	ddress (1	Number a	nd Street	City, Sta	ate, Zip C	ode)						
Name	of Associ	ated Bro	ker or De	ealer					******	**************************************				
States	in Which	Person I	Listed Ha	s Solicite	d or Inter	nds to So	licit Purch	nasers	<del></del>		· ·-			-
(Cl	eck "All S	States" o	r check in	ndividual	States)	*************							J All S	States
[AL [IL] [M] [RI]	[ [IL] [NE]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [W1]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary) 3 of 6

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box TM and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
Type of Security	Aggregat Offering Pr		Amount Already Sold
Debt	\$	\$	
Equity	\$3,000,000.6	53 \$	3,000,000.63
□ Common   Preferred			
Convertible Securities (including warrants)	\$	\$	
Partnership Interests	\$	\$	
Other (Specify)	\$	\$	
Total			3,000,000.63
Answer also in Appendix, Column 3, if filing under ULOE.			
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
	Number Investors		Aggregate Doliar Amount of Purchases
Accredited Investors	1	\$	3,000,000.63
Non-accredited Investors			0
Total (for filings under Rule 504 only)		\$	
Answer also in Appendix, Column 4, if filing under ULOE.			
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.			
Type of Offering	Type of		Dollar Amount
Type of Offering Rule 505	Security		Sold
		\$ \$	
Regulation A			
Total			
		Þ	
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
Transfer Agent's Fees	*******	□ \$	
Printing and Engraving Costs		□ \$	<del>-</del>
Legal Fees			10,000
Accounting Fees			10,000
Engineering Fees			
Sales Commissions (specify finders' fees separately)			
Other Expenses (identify)		□ \$ <sub>.</sub>	
Total	*******	<b>E</b> \$	<u>10,000</u>

	C. OFFERING PRICE, NUMBE	ER OF INVESTORS, EXPENS	SES A	IND USE OF PRO	<b>JUEEL</b>	)5
b. E Ques is the		\$2,990,000.63				
used estim	ate below the amount of the adjusted gross proceeds of the purposes shown. If the amount ate and check the box to the left of the estimate adjusted gross proceeds to the issuer seed.	unt for any purpose is not known mate. The total of the payments	n, furi s liste	nish an d must		
				Payments to Officers, Directors & Affiliates		Payments to Others
S	alaries and fees			\$		\$
P	urchase of real estate			\$		\$
P	urchase, rental or leasing and installation of r	nachinery and equipment		\$		\$
C	onstruction or leasing of plant buildings and	facilities		\$		\$
tł	cquisition of other businesses (including the tis offering that may be used in exchange for nother issuer pursuant to a merger)	the assets or securities of		\$		\$
R	epayment of indebtedness			\$		\$
V	orking capital			\$	×	\$ <u>2,990,000.63</u>
0	ther (specify):			\$		\$
-				\$		\$
C	olumn Totals			\$	×	\$ <u>2,990,000.63</u>
Т	otal Payments Listed (column totals added)			<b>B</b> \$2	<u>,990,0</u>	00.63
		D. FEDERAL SIGNATURE				
ollowir	er has duly caused this notice to be signed by g signature constitutes an undertaking by the of its staff, the information furnished by the i	e issuer to furnish to the U.S. S	ecurit	ies and Exchange	Comm	ission, upon written
•	Print or Type) k Education Corporation	Signature Q Q Q Q	و		Date	9/08
	f Signer (Print or Type)	Title of Signer (Print or Type)				
Ericka Markman President						

**ATTENTION** 

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)